MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)
Wendt, M. E. et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	Cancel						51						
2	Cancel						52						
3	Cancel						53						
4	Cancel						54						
5	Cancel						55						
6	Cancel						56						
7	Cancel						57						
8	Cancel						58						
9	Cancel						59						
10	Cancel						60						
11	Cancel						61						
12	Cancel						62						
13	Cancel						63						
14	Cancel						64						
15	Cancel						65						
16	Cancel						66						
17	Cancel						67						
18	Cancel						68						
19	Cancel						69						
20	Cancel						70						
21	Cancel						71						
22	Cancel						72						
23	Cancel						73						
24	Cancel						74						
25	Cancel						75						
26	Ind.						76						
27		26					77						
28	Ind.						78						
29		28					79						
30		29					80						
31		30					81						
32		31					82						
33		32					83						
34		32					84						
35		28					85						
36		35					86						
37		36					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	10						Total Depend						
Total Claims	12						Total Claims						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
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56							
57							
58							
59							
60							
61							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							